FORM D

UNITED STATES

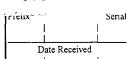
SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

gion, D.C. 203

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6) AND/OR
UNIFORM LIMITED OFFERING EXEMPTION





| Name of Offering (☐ check if this is ar 8% Secured Convertible Promissory Notes | n amendment and name has changed, and indicate change. | 1/3/725 |
|--|--|---|
| Filing Under (Check box(es) that apply): Type of Filing: ☑ New Filing ☐ A | ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S Amendment | ection 4(6) ULOE |
| | A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the | he issuer | |
| Name of Issuer (☐ Check if this is an an Confluent Photonics Corporation | nendment and name has changed, and indicate change.) | |
| Address of Executive Offices 5 Industrial Way Salem, NH 03079 | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) (603) 893-4906 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business Telecommunications Research and Develop | pment | 3ECEIVED CO |
| Type of Business Organization | | WAR 2 9 2000 |
| □ corporation □ business trust | ☐ limited partnership, already formed ☐ o ☐ limited partnership, to be formed | ther (please specify): |
| Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization | or Organization: On: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) | Actual □ Estimated |

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 8



| Enter the information request Each promoter of the is | ssuer, if the issuer h | has been organized within | the past five years; | | - |
|---|------------------------|---------------------------------------|----------------------------|-------------------|--------------------------------------|
| Each beneficial owner securities of the issuer; | | o vote or dispose, or direct | the vote or disposition of | , 10% or more o | f a class of equity |
| | | porate issuers and of corpo | rate general and managin | g partners of par | tnership issuers; and |
| Each general and mana | | | g | 5 F F | , , |
| Ch. L.D. () d. (A. d. | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | x Executive Officer | x Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | | | | |
| | , | | | | |
| Hardwick, David Business or Residence Address | (Alumb | per and Street, City, State, 2 | 7in Codo) | | |
| c/o Confluent Photonics Corpora | | ber and Street, City, State, 2 | Lip Code) | | |
| 5 Industrial Way, Salem, NH 030 |)79 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | x Director | ☐ General and/or |
| Full Name (Last name first, if inc | dividual) | | | | Managing Partner |
| Tun Tune (Last hame thist, if the | nviduu) | | | | |
| Lambert, Harry | | | | | |
| Business or Residence Address c/o Confluent Photonics Corpora | | er and Street, City, State, 2 | Zip Code) | | |
| 5 Industrial Way, Salem, NH 030 | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | x Director | ☐ General and/or |
| | | | | | Managing Partner |
| Full Name (Last name first, if inc | lividual) | | | | |
| Kim, Michael | | | | | |
| Business or Residence Address | | er and Street, City, State, 2 | Zip Code) | | |
| c/o Confluent Photonics Corpora | | | | | |
| 5 Industrial Way, Salem, NH 030 Check Box(es) that Apply: | □ Promoter | ☐ Beneficial Owner | x Executive Officer | x Director | ☐ General and/or |
| Check Box(cs) that Apply. | L Homotei | ☐ Belieficial Owner | A Executive Officer | X Director | Managing Partner |
| Full Name (Last name first, if inc | lividual) | | | | |
| Weiss, Robert | | | | | |
| Business or Residence Address | Numb | er and Street, City, State, 2 | in Code) | | |
| c/o Confluent Photonics Corpora | | | , | | |
| 5 Industrial Way, Salem, NH 030 | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | x Executive Officer | x Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if inc | dividual) | <u> </u> | | | wataging rather |
| · | , | | | | |
| Economou, Nicholas P. | | | | | |
| Business or Residence Address c/o Confluent Photonics Corpora | | er and Street, City, State, 2 | Cip Code) | | |
| 5 Industrial Way, Salem, NH 030 | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | x Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or |
| T HAL G . C . 'C' | 1: 1 1 15 | ···· | | | Managing Partner |
| Full Name (Last name first, if inc | iividuai) | | | | |
| Physical Sciences, Inc. | | | | | |
| Business or Residence Address | | er and Street, City, State, 2 | Zip Code) | | |
| 20 New England Business Cente Andover, MA 01810 | r | | | | |
| Check Box(es) that Apply: | ☐ Promoter | x Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or |
| | | | | | Managing Partner |
| Full Name (Last name first, if inc | lividual) | | | | |
| InnocCal II, L.P. | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | Zip Code) | | 100 |
| 600 Anton Boulevard, Suite 1270 | , | , , , , , , , , , , , , , , , , , , , | | | |

A. BASIC IDENTIFICATION DATA

| Check Box(es) that Apply: | □ Promoter | x Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
|--|------------|-------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if indiv | /idual) | | _ | | |
| Rustic Canyon Ventures, L.P. | | | | | |
| Business or Residence Address 2425 Olympic Blvd., Suite 6050W Santa Monica, CA 90404 | (Numb | er and Street, City, State, 2 | Zip Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | x Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if indiv | ridual) | | | | |
| The CIT Group/Venture Capital, In | ıc. | | | | |
| Business or Residence Address 44 Whippany Road Morristown, NJ 07960 | (Numb | er and Street, City, State, 2 | Zip Code) | | |
| Check Box(es) that Apply: | □ Promoter | ☐ Beneficial Owner | x Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual Turner | ridual) | | | | |
| Business or Residence Address c/o Confluent Photonics Corporation 5 Industrial Way, Salem, NH 0307 | on | er and Street, City, State, 2 | Zip Code) | | |

| | | | 4.1 | B, INF | ORMATIC | N ABOU | r offeri | NG | | | | |
|--|--|---|--|---------------------------|-------------------------------|---------------------------------------|---------------|------------------------------|------------------------------|----------------------------|-------------------------|------------|
| 1. Has the iss | suer sold, o | r does the is | ssuer intend | i to sell, to | non accredi | ted investo | rs in this of | fering? | | | | Vo ⊠ |
| | 1 | | | | Appendix, | | | • | | | | |
| 2. What is the | e minimum | ı investmen | t that will b | e accepted | from any in | ndividual? | _ | | | | \$ N/A | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | Yes 1 | No | | |
| 3. Does the o | ffering per | mit joint ov | vnership of | a single un | it? | | | | | | | 3 |
| 4. Enter the iremuneration agent of a bropersons to be Full Name (La | for solicita ker or deal listed are a | tion of pure er registered ssociated p | chasers in c d with the S ersons of si | onnection v SEC and/or | with sales of with a state | f securities or states, l | in the offer | ing. If a pe e of the bro | rson to be I ker or deale | isted is an er. If more | associated than five | l person o |
| NA | | | | | | | | | | | | |
| Business or R | esidence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | | | | | |
| | | | | | | | | | | | | |
| Name of Asso | ociated Bro | ker or Deal | er | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| States in Whie | | | | | | | | | | <u> </u> | | |
| • | | | | , | | | | | | | | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] Full Name (La | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| 1 dii 14aiie (Le | ast name in | 136, 11 1110171 | iduai) | | | | | | | | | |
| Business or R | | | | treet, City, | State, Zip C | Code) | | | | | | |
| Name of Asso | ciated Bro | ker or Deale | ег | | | | | | | | | |
| States in Which | | | | | Solicit Purc | hasers | | | | | | |
| [AL] | All State" o | r check ind [AZ] | [AR] | es) [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | | III States |
| [IL] | [IN] | [AZ] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [1411] | [IAD] | [14 4] | frani | [142] | [14141] | [141] | [INC] | [IND] | [OII] | [OK] | [OK] | LI AI |
| ומסו | rsci | (CD) | וואדו | (TVI | וויידיז | DVT1 | F\$7.6.1 | fW/A1 | rwwi | LAM. | ruzvi | |
| [RI] Full Name (La | [SC] ast name fi | [SD] rst, if indivi | [TN] idual) | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (La | ast name fi | rst, if indivi | dual) | | | | [VA] | [WA] | [WV] | [WI] | [WY] | |
| | ast name fi | rst, if indivi | dual) | | | | [VA] | [WA] | [WV] | [WI] | [WY] | |
| Full Name (La | ast name fi | rst, if indivi ddress (Nu | dual) mber and S | | | | [VA] | [WA] | [WV] | [WI] | [WY] | |
| Full Name (La Business or R Name of Asso | esidence A | rst, if indivi ddress (Nui ker or Deald | dual) mber and S | treet, City, | State, Zip C | Code) | [VA] | [WA] | [WV] | [WI] | [WY] | |
| Full Name (La Business or R Name of Asso States in Whice | esidence A ociated Bro | ddress (Nur ker or Deale | dual) mber and S er Solicited or | treet, City, | State, Zip C | Code) | [VA] | [WA] | [WV] | [WI] | | [PR] |
| Full Name (La Business or R Name of Asso States in Whice | esidence A ociated Bro | ddress (Nur ker or Deale | dual) mber and S er Solicited or | treet, City, | State, Zip C | Code) | [VA] | [WA] | [WV] | [WI] | | |
| Full Name (La Business or R Name of Asso States in White (Check "A | esidence A ociated Bro ch Person I All State" o | ddress (Nur ker or Deale Listed Has S | dual) mber and S er Solicited or ividual Sta | Intends to sees) | State, Zip C | Code) | | | | | 0 / | [PR] |
| Full Name (La Business or R Name of Asso (Check "A [AL] | esidence A ociated Bro ch Person I All State" o [AK] | ddress (Nur ddress (Nur ker or Deale Listed Has S r check ind [AZ] | mber and S er Solicited or ividual Star [AR] | Intends to stes) | State, Zip C | hasers | [DE] | [DC] | [FL] | [GA] | D A | [PR] |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1 | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate | Απ | noun | t Already |
|----|--|---------------------|-----|--------------|------------------------------------|
| | Type of Security | Offering Price | | | Sold |
| | Debt | \$_0 | : | \$ | 0 |
| | Equity | \$_1,800,000 | 1 | \$: | 300,000 |
| | □ Common □ Preferred | | | | |
| | Convertible Securities (including warrants) | \$ <u>1,800,000</u> | : | \$: | 300,000 |
| | Partnership Interests | \$ <u>0</u> | : | \$ | 0 |
| | Other (Specify) | \$ <u>0</u> | ; | \$ | 0 |
| | Total | \$ <u>1,800,000</u> | | \$ | 300,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | 1 | Doll | ggregate ar Amount Purchases |
| | Accredited Investors | _ 4 | : | \$ <u></u> ; | 300,000 |
| | Non-accredited Investors | | : | \$ | 0 |
| | Total (for filings under Rule 504 only) | | : | \$ | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | | |
| | Type of offering | Type of Security | | | ar Amount Sold |
| | Rule 505 | | | | ···· |
| | Regulation A | | | | |
| | Rule 504 | | | | |
| 4. | Total | | • | • | |
| | Transfer Agent's Fees | | _ : | \$ | |
| | Printing and Engraving Costs | | | | |
| | Legal Fees | | | | 30,000 |
| | Accounting Fees | | | | |
| | Engineering Fees | | | | |
| | Sales Commissions (specify finders' fees separately) | | | | |
| | Other Expenses (identify) | | | | |
| | Total | | | | 30,000 |

| C. OFFERING PRICE, | NUMBER OF INVESTORS, EXPENSES AND USE | OF PI | ROCEEDS | · |
|---|---|---------|--|-----------------------|
| 1 and total expenses furnished in response t | offering price given in response to Part C - Question o Part C - Question 4.a. This difference is the | | | \$ <u>1,770,0</u> 00 |
| estimate and check the box to the left of the es | ss proceeds to the issuer used or proposed to be nount for any purpose is not known, furnish an timate. The total of the payments listed must equal rth in response to Part C - Question 4.b above. | | | |
| | and the second | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| Salaries and fees | | _ | \$ | - \$ |
| Purchase of real estate | | | \$ | - \$ |
| Purchase, rental or leasing and installation | of machinery and equipment | | \$ | S |
| Construction or leasing of plant buildings | and facilities | | \$ | □ \$ |
| Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger) | | _ | • | - \$ |
| | | | | □ \$ |
| | | | | 0 0 0\$ |
| • • | | | | S |
| Office (specify). | | . ⊔ | Ð | Δ |
| | | | • | \$ |
| | | | | 000 s |
| | | | | |
| Total Payments Listed (Column totals ad | ded) | | ¥ \$_ | 1,770,000 |
| | D. FEDERAL SIGNATURE | | | |
| following signature constitutes an undertakin | ed by the undersigned duly authorized person. If this ng by the issuer to furnish to the U.S. Securities and Excessuer to any non-accredited investor pursuant to paragr | hange (| Commission, uţ | oon written request |
| Issuer (Print or Type) | Signature | | Date | |
| Confluent Photonics Corporation | N.P. Economon | | 3/25 | 105 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | |
| Mr. Nicholas P. Economou | Chief Executive Officer | | | |

—— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)